

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ing | 21 | 3/8/00 |
| O.I.P.E. CLASSIFIER | EVN | 66793 | 3/6/00 |
| FORMALITY REVIEW | | | 05/09/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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